

HOUSE BILL 1209

By Shepard

AN ACT to amend Tennessee Code Annotated, Title 56
and Title 71, relative to critical access medication
management.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by
adding the following as a new section:

71-5-151.

(a) As used in this section:

(1) "Critical prescription access patient" means a recipient of medical
assistance under this chapter enrolled in a managed care organization who is
diagnosed with and receiving treatment for human immuno-deficiency virus
(HIV), cancer or a mental illness, and who requires any of the following for the
treatment:

(A) Not less than four (4) types of prescription drugs per month;

(B) Use of a prescription compliance program, such as
medication registry monitoring;

(C) Specialized adherence, or compliance packaging for
prescription drugs; or

(D) Multiple dispensing of prescription drugs per month; and

(2) "Terminal distributor of dangerous drugs" means a person who is
engaged in the sale of dangerous drugs at retail, or any person, other than a
wholesale distributor or a pharmacist, who has possession, custody, or control of
dangerous drugs for any purpose other than for that person's own use and
consumption, and includes pharmacies, hospitals, nursing homes, and

laboratories and all other persons who procure dangerous drugs for sale or other distribution by or under the supervision of a pharmacist or licensed health professional authorized to prescribe drugs.

(b) When contracting with a managed care organization, the bureau of TennCare shall require the managed care organization to provide critical access medication management to critical prescription access patients.

(c) A managed care organization shall do all of the following when providing prescription drugs to critical prescription access patients:

(1) To the extent possible, conduct prior authorization of prescription drugs for critical prescription access patients electronically and provide prior authorization to the critical access prescription patient rather than for a specific prescription drug;

(2) Require prior authorization not more frequently than once every six (6) months for critical prescription access patients; and

(3) Provide critical access medication management services.

(d) The bureau of TennCare shall reimburse managed care organizations not less than sixty dollars (\$60.00) per person per month for the provision of critical access medication management services under this section and require the managed care organization to reimburse terminal distributors of dangerous drugs at the same rate. The minimum per person per month reimbursement required by this subsection (d) shall be annually adjusted to reflect the average consumer price index (all items-city average), as published by the United States department of labor, bureau of labor statistics.

(e) Upon entering into a new contract or on the renewal of the existing contracts with managed care organizations, after the effective date of this act, as the bureau of TennCare considers it necessary to require, in accordance with this section, the bureau of TennCare shall require that each managed care organization participating in the TennCare program include critical access medication management for critical prescription access patients who are enrolled in the managed care organization.

(f) The commissioner of finance and administration may adopt rules under the Uniform Administrative Procedure Act, compiled in title 4, chapter 5, necessary to implement the program.

SECTION 2. This act shall take effect January 1, 2014, the public welfare requiring it.